

PETITION TO THE
BOARD OF ASSESSMENT APPEALS
TOWN OF SIMSBURY, CONNECTICUT
Must be filed by February 20, Annually

By authority of Public Act 95-283, of the State of Connecticut
Please print or type the following information about each property appealed

GRAND LIST OF OCTOBER 1, _____

*Property Owner's Name: _____

*Appellant's Name: _____

*Property Location: _____
number and street

Map/Block/Lot: _____

*Property Type: _____
(residential, commercial, industrial, personal property, motor vehicles)

*Reason for Appeal: _____

*Appellant's Estimate of Value: _____
(attach documentation of value, if applicable)

*Name, mailing address, and phone number of party to be sent correspondence:

*PHONE NUMBER _____

*DATE _____

*Signature of property **owner** or **duly authorized agent** (circle one)
(attach proof of authorization)

SECTIONS ABOVE WITH AN * MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING

THIS FORM MUST BE FILED BY FEBRUARY 20TH AND RETURNED TO:

Board of Assessment Appeals
Town of Simsbury
933 Hopmeadow Street
P.O. Box 495
Simsbury, CT 06070

**OWNER OR AUTHORIZED AGENT
MUST APPEAR IN PERSON AT THE HEARING**